

*Nellie Bowers*

Town

County

Died at

*Bowers*

*Calvert*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*03*

*may*

*18*

Age

*18*

*md*

Male

White

Married

Widows

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

*Charley Bowers*

Maiden Name

*Anna Hall*

Cause of

Primary

*Consumption*

How long sick *7 weeks*

Death

Immediate

*27*

Accident, Suicide, Homicide

Reported by

*W B Stafford undertaker*

Address

*Bowers*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Broom  
 Town Wallingale County Calver

4  
 MARYLAND

Died at

Date 1903

Month May Day 10

Age

Y. 64 M. D.

Native of

Calver

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~  
 of

J.R. Broom

Wife

Father's

Name

Dr. Rich MacLach

Mother's

Maiden Name

Elyz. Broom

Cause of

Primary

Neurosthenia

How long sick

4 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

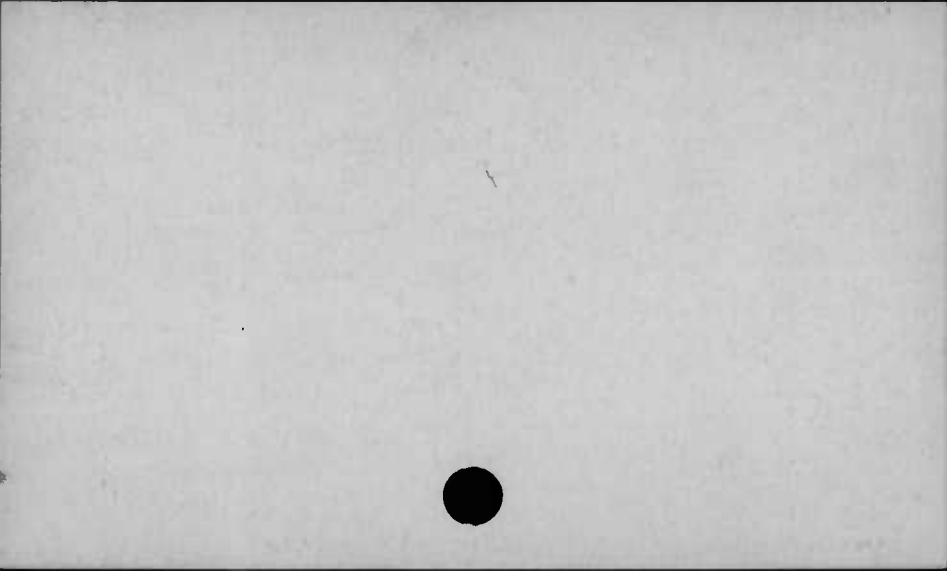
Reported by

Philip Broom

Address

Mutual 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sumnerland</i>		Town <i>Cal.</i>		County	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>24</i>	Age <i>75</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Cal. Co.</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Basil Brown</i>			Father's Birthplace <i>Cal. Co.</i>		
Mother's Maiden Name <i>Mary Brown</i>			Mother's Birthplace <i>" "</i>		
Name of person giving In formation <i>C. E. Brown</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

Primary <i>Cancer of Liver</i>	How long <i>40</i>	How long <i>Six months</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Litch</i>	
	Address <i>Huntingtown Md.</i>	
Accident or Suicide?		



## CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at *Lo. Marlboro.* Town

County

County  
to always

## MARYLAND

**Date**  
of death 190 *d*

Month

May

Day

5

Age

Years

4

Months

511

Days

Days

Sex *Male*

Color or Race

African

Birth-  
place

Calvert 20

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's Name Robert Darr

Father's Birthplace *London, Eng*

Mother's Maiden Name Sarah Hane 105

Mother's Birthplace	4	9
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Name of person giving information *Robert Dace*

How related to deceased *Fraser*

### CAUSES OF DEATH

Primary Mal-Nutrition or Marasmus —

How long 6 months

Immediate Bronchitis (Capillary)

How long 3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of Physician

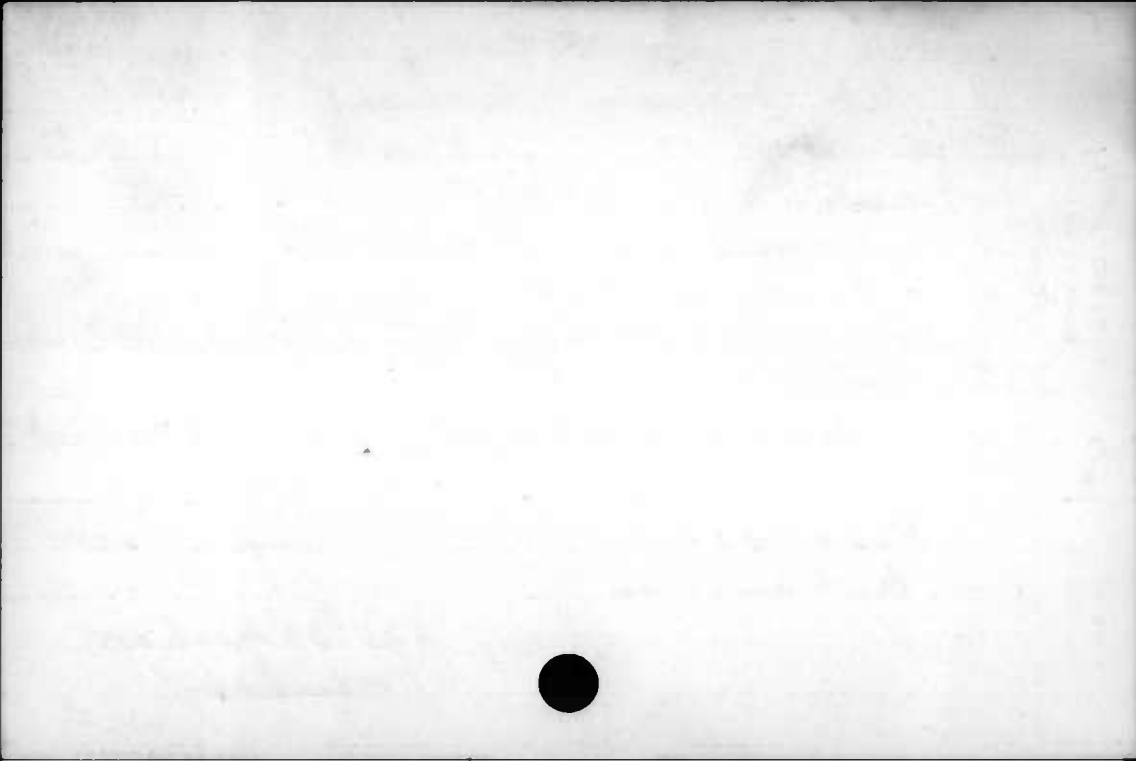
Estlin

Address

Lo. Marlboro,

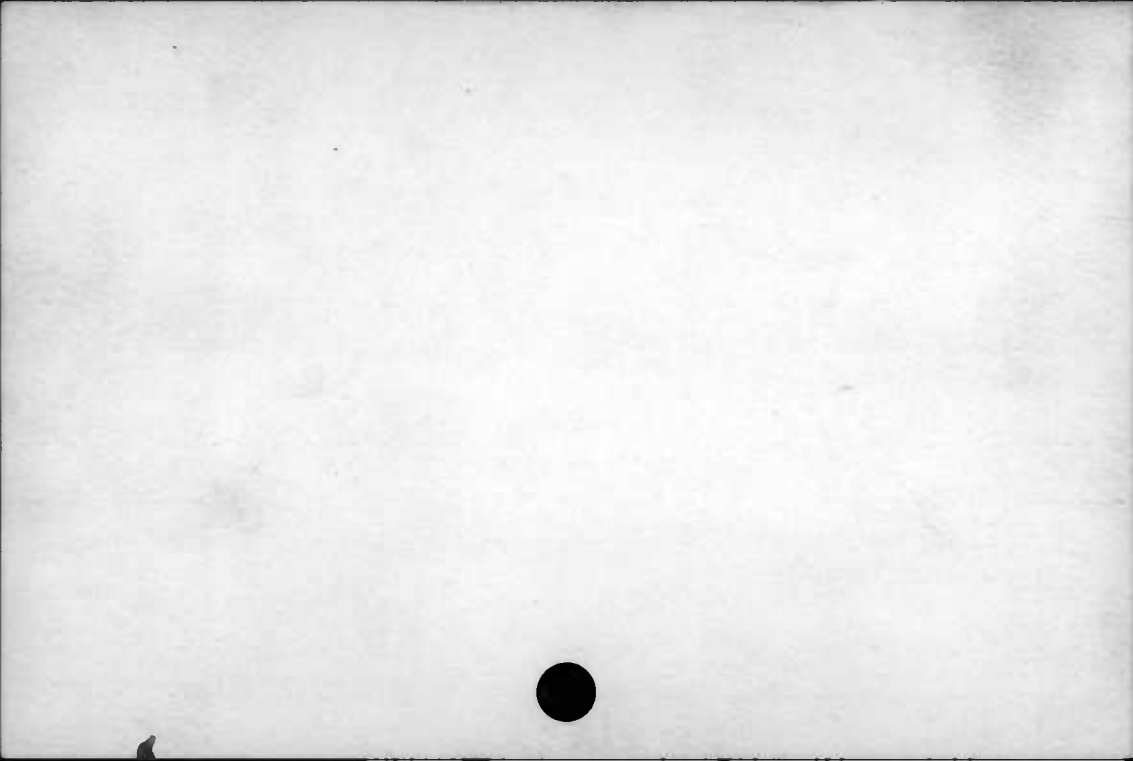
### Accident or Suicide?

Ind





Name in Full <b>Martha A E Harrison</b>		Town <b>Mt Harmony</b>		County <b>Calvert</b>		CERTIFICATE OF DEATH	
Died at <b>Mt Harmony</b>		MAY 17		Age <b>60 yrs</b>		MARYLAND	
Date of death 1903		Month <b>May</b>		Day <b>17</b>		Months <b>60 yrs</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place			
Married, Single or Widowed <b>Widow</b>		Occupation <b>Housewife</b>					
Name of Wife or Husband <b>Edward D. Harrison</b>							
Father's Name <b>Stephen C. Crumblitt</b>		Father's Birthplace <b>Balto Md</b>					
Mother's Maiden Name <b>Sophia</b>		Mother's Birthplace " "					
Name of person giving information <b>Harry Hutchins</b>		How related to deceased <b>Friend</b>					
CAUSES OF DEATH							
Primary <b>Paralysis</b>		How long <b>Six days</b>					
Immediate <b>Exhaustion</b>		How long <b>48 hours</b>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J L Brayshaw</b>		Address <b>Friendship Md</b>			
Accident or Suicide?							



Name  
in  
Full

Charlotte Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hunting Creek</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>23</i>	Age	Years	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Co.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Eddie Jones</i>			Father's Birthplace <i>Balt. Md.</i>		
Mother's Maiden Name <i>Mary Chase</i>			Mother's Birthplace <i>Cal. Co.</i>		
Name of person giving information <i>Ray Hicks</i>			How related to deceased <i>None</i>		

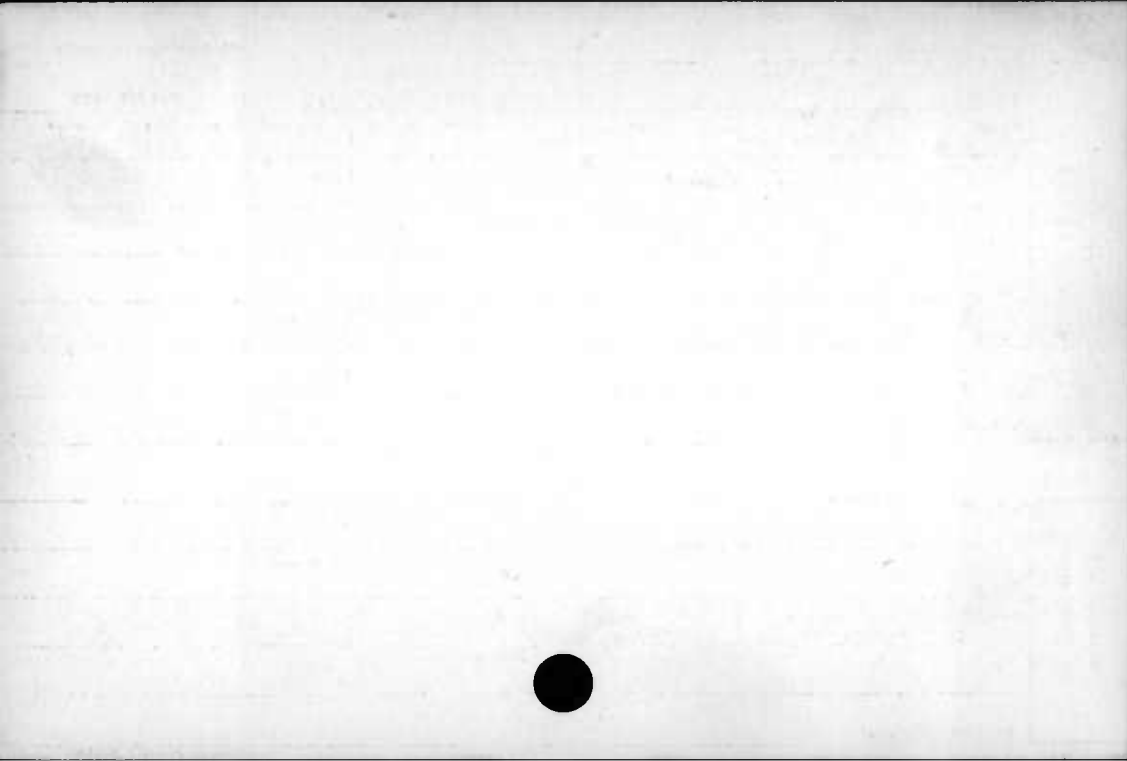
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis Pneumonia</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtower Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Dunkirk</i> Town		County <i>Calver</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>4</i>	Age Years <i>46</i>	Months <i>10</i> Days <i>8</i>
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Calver Co</i>	
	Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>		
	Name of <del>Wife</del> or Husband <i>John W Jones</i>				
	Father's Name <i>James J. Chaney</i>			Father's Birthplace <i>Calver Co</i>	
	Mother's Maiden Name <i>Martha Sunderland</i>			Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Jno. W Jones</i>			How related to deceased <i>Husband</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>			How long <i>14 years</i>	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>E. H. Humann</i>	
				Address <i>Lo. Marlboro, Md.</i>	
	Accident or Suicide? <i>2</i>				



Name  
in  
Full

## CERTIFICATE OF DEATH

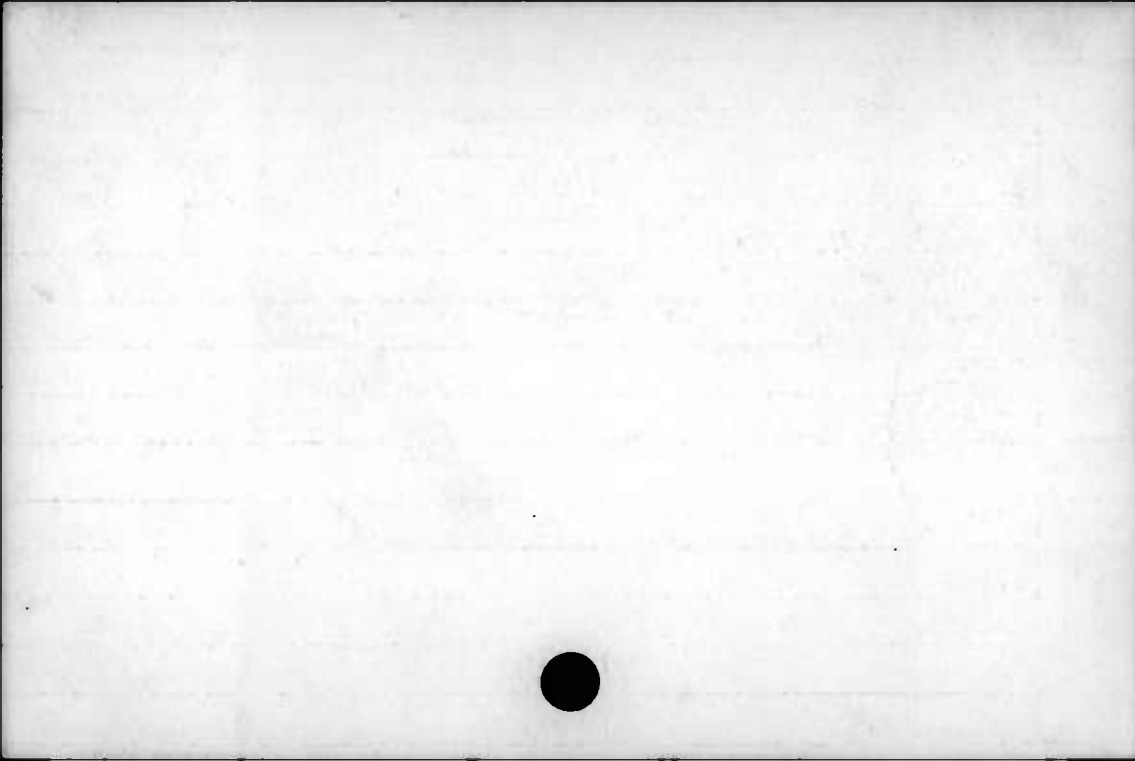
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Stewart</i>		County <i>Calvert</i>		MARYLAND					
Date of death 1903		Month <i>May</i>		Day <i>3</i>		Age <i>12</i> Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place							
Married, Single or Widowed <i>Single</i>				Occupation							
Name of Wife or Husband											
Father's Name <i>Charles Stewart</i>						Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Margaret Stewart</i>						Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Nicky Locks</i>						How related to deceased <i>Not any</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not Known</i>		How long <i>151</i>		How long <i>12 hours</i>	
Immediate					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Brooke Mason</i>			
		Address <i>Poines Frederick</i>			
Accident or Suicide?					





Name

Full

Wm. F. Stinett

## CERTIFICATE OF DEATH

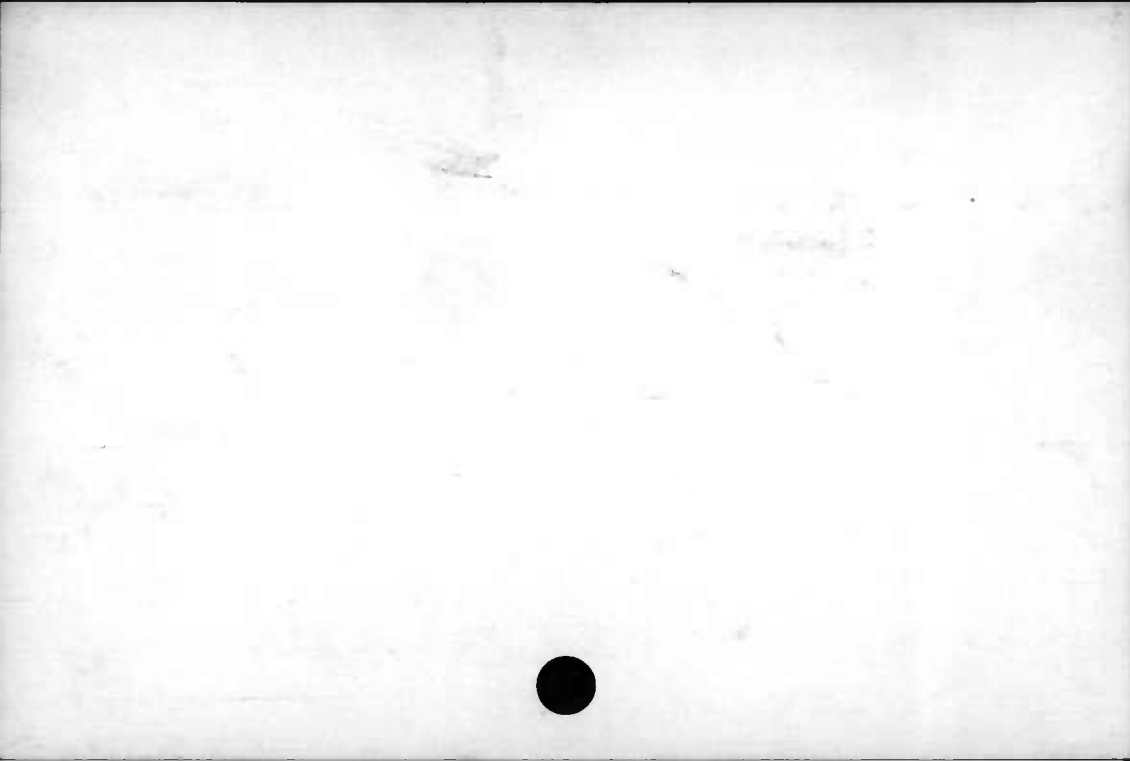
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Barnes Vista		Calvert					
Date of death	1903	Month	May	Day	15	Age	52
Sex		male		Color or Race		white	
Married, Single or Widowed		Single		Occupation		Farmer	
Name of Wife or Husband		Virginia Stinett					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		James Smith 120				How related to deceased	
		Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's disease	How long	3 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. N. King M.D.	
Address		Bartow Md.	
Accident or Suicide?			



Name  
in  
Full

Louisa Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Olivet		Calvert			
Date of death 190	3	Month	May	Day	18
Age	—	Years	—	Months	8
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co. Md
Married, Single or Widowed	Single		Occupation		
Name of Wife or Husband					
Father's Name			Unknown		
Mother's Maiden Name			Cora Sutton		
Name of person giving information			Mah Sutton		
Father's Birthplace			Unknown		
Mother's Birthplace			Calvert Co. Md		
How related to deceased			Grandfather		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Swelling about the throat	How long	all its life
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	I think they are		
Signature of Physician	Jas. L. Tucker		
Address	Cove R. Md		
Accident or Suicide?	Calvert County		



Name In Full

Certificate of Death

George Augustus Wallace 31

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

May 14 1914

Age

59

Male

~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Three

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Margaret Dwyer

How long sick

Two years

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jno E

179

Brooks

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date		Month	Day	Years	Months	Days
of death 190		Unknown		Unknown		Unknown
Sex	male	Color or Race	white	Birth-place	Unknown	
Married, Single or Widowed			Occupation			
—			Waterman (supposed)			
Name of Wife or Husband			(from nature of his clothing)			
Father's Name			Father's Birthplace			
—			—			
Mother's Maiden Name			Mother's Birthplace			
—			—			
Name of person giving information			How related to deceased			
—			—			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stomping?	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	—	Signature of Physician or Coroner	Dr. H. H. Files
		Address	Salomons, Md.
Accident or Suicide?	Presumed.		

